MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37353

File No. 4023

Registered No. 399

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kansas — Primary Registration District No. 1 82

City Kansas City (No. 310 E 30th St. St. Ward)

2. FULL NAME Henrietta Hackley

(a) Residence. No. 310 E 30th St St. 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	wh	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore J Hackley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	1	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

PARENTS

10. NAME OF FATHER William Halekhand

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Theodore J Hackley
(Address) 310 E 30th St

15. FILED 11/24 19 29 M. M. Carrow Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93-C

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED? NAB

IF NOT AT PLACE OF DEATH? ....

DID AN OPERATION PRECEDE DEATH? no DATE OF ....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & History

(Signed) Ken Carhart M. D

11/22, 19 29 (Address) Corner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood Cemetery — DATE OF BURIAL Nov 25 1929

20. UNDERTAKER Dell Neeneomyday — ADDRESS 2111 E 9th St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD